

# **School Health Advisory Committee**

Texas Department of Health

Tower Building, room 607

**October 5, 2000**

10:30 a.m. to 2:30 p.m.

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## **Committee Members Present:**

Ruth Stewart, Chair  
Michelle Smith, Vice Chair  
Linda Thune  
Ramón Orduño  
Jenni Jennings

Tommy Fleming  
Michael Hinojosa  
Alma Golden, M.D.  
Jane Tustin  
Cathy Harris

## **Staff Present:**

Marion Stoutner  
Michelle McComb  
Mary Jackson

Lee Johnson  
Diane Montoya  
Paul Bollinger

## **Visitors:**

Sally Griewahn, CSN, Abilene ISD  
Candie Phipps, Texas Pediatric Society

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## **Begin meeting**

1. Review of amended agenda by committee members

## **Review and changes to previous meeting minutes**

1. Ruth Stewart, Chair, indicated on page three (3) of the minutes, the statement "TDH mandate," is incorrect and should be corrected to read that the mandate is legislative.
2. Correction noted and made on minutes – ready for distribution

## **Introductions**

1. Linda Thune, committee member
2. Michelle Smith, Vice Chair (recent appointment)
3. Guests
  - a. Sally Griewahn, CSN, Abilene Intercollegiate School of Nursing
  - b. Candie Phipps, Texas Pediatric Society

## **Old business and information requests**

1. Information requests, information circulated
  - a. Title V
  - b. CHIP (*Children's Health Insurance Program*)
  - c. CATCH program (*Coordinated Approach to Children's Health*)
  - d. SBHC (*School-Based Health Centers*)
2. Report from "definitions" subcommittee (Alma Golden, M.D., Tommy Fleming, Ph.D., and Jenni Jennings) – chosen to define the committee definitions for the following phrases found in the tasks that must be completed by the committee.
  - a. School Health Services
    - i. General discussion about possible definitions brought to table by subcommittee members.
    - ii. Concerns about the issue of curriculum.
    - iii. Consensus vote to table definition of this phrase until next meeting (November 3, 2000).
    - iv. Additional members volunteered to define phrase for next meeting.
      1. Linda Thune
      2. Jane Tustin
      3. Cathy Harris

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- v. Correspondence between subcommittee members to be handled through email
  - 3. School Health Promotion
    - a. Suggestion to use the definition of School Health Promotion as seen on page one (1) of the Report of the School Health Task force to the Texas Board of Health (March 1998)
    - b. Suggestion to use Dr. Golden's approach to defining the above phrase

*"School Health Promotion: the informing and motivating of students to maintain and adopt healthful behaviors, participate in healthful situations, make responsible decisions, and effectively use resistance skills. Health promotion is delivered through policy development, organization structure, school environment, and special events as well as individual personnel such as school nurses, teachers, coaches, parents, peers, and community resources."*

- 4. Motion for an amendment to this definition so that the last sentence will read, "...as educators, health professionals, parents, & community resources." Seconded.
  - a. Chair puts to question the definition of School Health Promotion;
  - b. Consensus reached for approval of "School Health Promotion" to read:

*"School Health Promotion: the informing and motivating of students to maintain and adopt healthful behaviors, participate in healthful situations, make responsible decisions, and effectively use resistance skills. Health promotion is delivered through policy development, organization structure, school environment, and special events as well as individual personnel such as **educators, health professionals**, parents, and community resources."*

- 5. Public comment period policy decision
  - a. Discussion through facilitator to decide who (organizations) needs to receive notification of the School Health Advisory Committee meetings, and frequency of notification. (List of future meetings available on the School Health Program website <http://www.tdh.state.tx.us/schoolhealth/default.htm>)
  - b. Motion to adopt the three following suggested rules with the notion that further interaction will be handled according to *Roberts Rules of Order*.
    - i. Set aside a period for public comment at beginning of each meeting, **after** the reading and approval of the minutes for the previous meeting.
    - ii. Set a limited time for each person's comment (3 minutes). Facilitator or other staff person keeps time.
    - iii. Person making comment stands and identifies his/her self.
  - c. Chair puts public comment rules to question;
  - d. Consensus reached, decision to adopt rules for the public comment period.
- 6. Vision statement
  - a. Suggested revisions from the group dealing with word choices and grammar:

**"Healthy Texas Children reaching their full academic & personal potential"**

- b. Chair puts to question the following statement for the School Health Advisory Committee vision statement:

**"All Texas Children will reach their full personal, health & academic potential."**

- c. Through consensus of the committee, the above statement is the now the vision statement of the School Health Advisory Committee.
- d. Brainstorming session for the next agenda item of goals/strategies of each task.

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- i. Task 1a – Advise the Board of Health (board) on the development of a data collection model to compile basic information about health services in the state.
  - Strategy one - review current data collection model instrument, evaluate and analyze.
  - Strategy two - continue to identify existing data collection models; analyze for pros and cons.
  - Strategy three - develop or find a data collection model to address pros and cons.
  - Strategy four - analyze & evaluate data collection modules, develop additional data collections models as needed.
  - Strategy five - Implement additional data collection models.
- ii. Task 1b – Advise the board on relevant issues based on the data collected to coordinate and improve school health services, including health promotion.
  - Strategy one – assess/ summarize current status of School Health Services per the School Health Services and Staffing Survey.
  - Strategy two - Identify, summarize relevant issues.
  - Strategy three – compare or correlate academic outcomes of students in relations to health services.

### **Presentation of the School Health Services and Staffing Survey through the Division of Research and Public Health Assessment (RPHA).**

- 1. Rick Allgeyer, Director, Statistical Report Section.
  - a. RPHA helped put the survey together that was eventually mailed out to schools in Texas (mail out completed in December of 1999).
  - b. Survey's purpose was to find out about staffing and who was providing health services in school.
  - c. To date, 1300 received surveys have been entered, which enough to provide a sample for the schools in Texas.
  - d. Original goal for this sample was 1500, but 1300 will be able to represent the State.
  - e. Survey promoted through several channels
    - i. T-star presentation, through the Texas Education Agency (TEA)
    - ii. Education Service Center, School Health Specialists
    - iii. Website
  - f. PEIMS (Public Education Information Management Systems) data will not tell us the items on this survey.
  - g. We will be able to report on the level of efficiency and the types of school health staffing within the State.
  - h. Some questions were very specific – how many clients were “seen”, what staff type performed these duties.

#### *Questions and Concerns about presentation*

- Q) This survey will not show how many medication errors and things of that nature, correct?
- A) That is correct.
- Q) Are you prepared to do this annually once the data is entered?
- A) We would be prepared, and suggest that on the next survey to address another area, based on what kind of information the committee wants to collect.
- Q) How long has it taken to get to this point, what are some of the barriers?
- A) Our biggest barrier has been data entry. Interpretation comes in a close second.
- Q) What is the basis of hiring a temp to perform the data entry?
- A) For the advanced staff I do have, it would be a waste of their time, based on other projects we have been tasked to analyze.
- Q) Regarding the numbers of medications given, don't schools keep record of this already?

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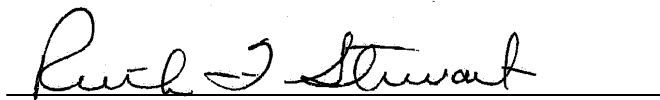
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- A) Some schools do this, and some do not.
- Q) What application are you using?
- A) A Microsoft Access database.
- Q) What if a majority of school districts are from West Texas, many of which do not have health services?
- A) It is unlikely this will happen.
- Mr. Allgeyer wanted to point out that there is no such thing as a perfect survey, and this survey deals only with staffing issues and how much time is being devoted to direct student care.
- Next ten minutes were focused on working with the tasks and strategies and sub strategies for each task.

### Adjourn



Ruth Stewart, MS, RNCS  
Chair, School Health Advisory Committee

#### Next meeting:

November 3, 2000  
Moreton Building, room 618  
10:30 a.m. to 2:30 p.m.

#### Assignments:

"Definitions" subcommittee  
School Health Services